

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036087

5131

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED OCT 7 1963

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kansas City

Length of stay in lb

41 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Menorah Medical Center

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY OR TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

4419 Roanoke Pkwy.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

JOHN

Middle

FRANCIS

Last

DEW

4. DATE OF DEATH

Month

Day

Year

September 19, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-2-1924

9. AGE (last birthday)

41

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Truck Driver

11. BIRTHPLACE (City and state or country)

Sunshine Biscuit Co

Kansas City, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Charles F. Dew

13b. MOTHER'S MAIDEN NAME

Mary F. Keating

14. NAME OF HUSBAND OR WIFE

Geraldine Dew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Mrs. Geraldine Dew

Address

home

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Generalized Peritonitis

INTERVAL BETWEEN ONSET AND DEATH

2 weeks

DUE TO (b)

Necrosis of bowel (sigmoid)

2 weeks

DUE TO (c)

Vascular insufficiency

1 month

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Anterior ischemia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Aug 9, 1963 to

Sept 19, 1963

and last saw her alive on Sept 19, 1963

Death occurred at

5:30 a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Arthur Adelman M.D.

22b. ADDRESS

751 E. 63rd St. K.C. Mo

22c. DATE SIGNED

9/20/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9-21-63

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

Kansas City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Melody-McGilley-Eylar 20 W. Linwood

25. DATE RECD. BY LOCAL REG.

9-20-63

26. REGISTRAR'S SIGNATURE

Bessie Smith

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Arthur Adelman

Mr. Arthur Addman

751 E. 63rd St.

Re 3-2000
17

Fri. 1:00 to 3:00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Hayd Z. Dickmore

Licensed Embalmer No. 5120

P. O. Address KC 11, 0000

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.